

CLAIMS ONLY						Application Number 10608294		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	cancel									
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Total Indep	10									
Total Depend	30									
Total Claims	40									

BEST AVAILABLE COPY